Please refer to the Guidelines/Instructions for this application. You may skip lines marked **N/A**.

1. First Name   **N/A** _____

2. Organization Name   _____

3. Mailing Address   _____

4. City   _____

5. State   _____   6. Zip Code - plus 4 _____

7. County   _____

8. Phone Number   _____

9. Second Phone Number *(optional)* _____

10. Fax Number   _____

11. E-mail Address   _____

12. Web Address   http:// _____

13. Federal Employer ID Number _____ *(Must be a 9 digit Number)*

14. Legislative District Number of Applicant:

    U.S. Congressional District #:   ☐ #1   ☐ #2   ☐ #3   ☐ #4   ☐ #5   ☐ #6

    Representative's Name: _____
    Senators: Jim Bunning (R) / Mitch McConnell (R) _____

    KY Senate District #: _____
    Senator's Name: _____

    KY House District #: _____
    Representative's Name: _____

If you do not know your Kentucky Senate District, House District, or U.S. Congressional District numbers, please refer to this web site: www.vote-smart.org/index.phtml *or call your County Clerk's office for this information*

KAC Staff Use Only

1. FY **2005** _____	7. Grantee Race _____	13. • AIE Percent _____
2. App. #_____	8. # Youth Benefit _____	• AIE Description _____
3 C-List # _____	9. Project Disc. **N/A** _____	14. Proj. Descriptors **N/A** _____
4. App. Status _____	10. Activity _____	15. Date Rcvd._____
5. App. Institution _____	11. Project Race _____	
6. App. Discipline_____	12. Grant Program **CA**	

15. Chief Administrator's Name   _____

16. Chief Administrator's Salutation ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.

17. Contact Person   _____

18. Contact Salutation   ☐ Miss ☐ Ms. ☐ Mrs. ☐ Mr. ☐ Dr.

19. Activity Title *(short phrase)*   _____ Community Arts Development _____

20. Activity Beginning Date *(month/day/year)*   07 / 01 / 2004 _____

21. Activity End Date *(month/day/year)*   06 / 30 / 2005 _____

22. Amount Requested *(see Guidelines)* $_____

23. Required Match Amount *(see Guidelines)* $_____

24. Number of Individuals who will Benefit from this Project _____ Youth _____ Adult

25. Number of Artists Participating in this Project   _____

26. Year in Program *(check one)* ☐ 1st year ☐ 2nd year ☐ 3rd year ☐ 4th year ☐ 5th year

27. Applicant Status _____ *(Insert ONLY ONE Status Code Number on this line)*

    [02] Fully tax-exempt and IRS letter received   [2.1] Not yet tax-exempt

28. Grantee Race/Ethnicity:

    *Organizations should choose the **one** code that best represents 50% or more of their staff or board or membership (not audience). Choose **one** below:*

    ☐ American Indian/Alaska Native   ☐ Asian
    ☐ Native Hawaiian/Pacific Islander   ☐ Black/African American
    ☐ Hispanic/Latino   ☐ White

29. Activity Race/Ethnicity:

    *If the majority of the grant activities are intended to involve or act as a clear expression or representation of the cultural traditions of one particular group, or deliver services to a designated population listed below, choose that group from the list. If the grant or activity is not designed to represent or reach any one particular group, choose "No Single Group". Choose **one** below:*

    ☐ Asian Individuals   ☐ Black/African American Individuals
    ☐ Hispanic/Latino Individuals   ☐ American Indian/Alaska Native Individuals
    ☐ Native Hawaiian/Pacific Islander Individuals ☐ White Individuals
    ☐ No Single Group

30. Applicant Institution. _____ *(Insert ONLY ONE Category Code Number on this line)*

    Choose your category code number from one of the following areas. Double click the red triangle to the left of a category to expand group information and obtain a code number.

    ▲ Community Organizations   ▲ Government   ▲ Performing Groups

    ▲ Councils/Service Groups   ▲ Individuals   ▲ Venues/Presenters

    ▲ Educational Institutions   ▲ Media   ▲ Other

If using paper versions of this form, please refer to Application Instructions for code numbers.

Community Arts Development Program Budget

Income from Grant and Match

1. Grant Amount Requested $_____

2. Match Sources

    a. Cash —————————————————— $_____

    ——————————————————   *(total all sources above)*
             (list sources on line above)

Total Income *(add the totals from above)* $_____

Expenses

List detailed expenses below. Summarize major categories. Designate any item where grant funds
will be used by an asterisk (*). **Refer to required use of matching funds in the Guidelines.**

    a._____ $_____
    b._____ $_____
    c._____ $_____
    d._____ $_____
    e._____ $_____
    f._____ $_____
    g._____ $_____
    h._____ $_____
    i._____ $_____

Total Expenses $_____

▶ Round all figures to the nearest dollar. See Instructions for restrictions on use of KAC funds.

Organizational Financial Summary

	Last Year	**This Year**	**Next Year**
Fiscal Year Ends _____	(Most recently completed fiscal year)	(Projected)	(Projected)
Total Revenues	_____	_____	_____
Total Expenses	_____	_____	_____
Net (Revenues - expenses)	_____	_____	_____
Total Net Assets	_____	_____	_____

Instructions for Completing Narrative

To assist panelists in reading your application, duplicate the number and heading of each Performance Expectation (e.g**. 1. Delivery**) before your response. Place the organization's name and the words "Community Arts Development Program" in the upper right-hand corner of each page.

Narrative Outline

Please respond to the Introduction and each of the Performance Expectations below on a total of not more than eight pages. Be sure to include complete information on each bulleted item in your narrative.

Introduction

Description of Your Organization

- Provide a brief overview of your organization's history and purpose, including its artistic objectives and arts activities.

- Describe the facility/facilities your organization uses most often, including seating capacity or exhibition wall space. Indicate if you own or rent your facility/facilities, or if the use of the space is donated.

- Provide a brief timeline listing your planning and programming for last year and this year.

- Describe the characteristics of your board: its total size; ethnic or racial diversity; number of meetings per year; the length of board terms; representative skills; and community groups represented on the board.

- Indicate if the board elects its own members or if the board is elected by the organization's membership. Indicate if your board has advisory committees, such as artist-advisory, civil rights or advocacy committees. Describe the board's major functions (e.g., fundraising, policy setting, etc.).

- If applicable, indicate how many full- and part-time paid staff you have, and their ethnic or racial diversity. Provide their titles and a brief description of roles and responsibilities.

- Indicate approximately how many volunteers you have. List the kinds of activities in which volunteers are involved, and their ethnic or racial diversity.

- Indicate if your organization has operated without a deficit. If your organization has a deficit or other financial problems, please describe them and your plans to restore the organization to financial health.

- Indicate if your organization has an accumulated cash surplus or operating reserve, and if so, how much.

Description of Your Community and Audience(s)

- Describe your community, its demographics, and its artistic environment.

- Describe your organization's service area; meaning the area you primarily serve.

- Describe your audience (e.g. artists, general public, children). If your organization serves different audiences, describe each.

- Provide total attendance figures or the number of participants in your programs for last year; separating paid from free attendance. Give examples of typical attendance figures at individual events.

- Indicate if you have members or subscribers. If so, indicate the membership categories and how many in each.

Performance Expectations

1. Delivery (25%)

- Describe the ways in which you plan for the organization's administration and programming. Indicate who is involved in that planning.

- Describe the way your organization will judge artistic and programming quality.

- Describe your policies and procedures for ensuring financial control. Explain how the board will be involved in financial review and how often financial plans will be reviewed.

- Describe what efforts your organization will make to obtain new sources of funding, including planned fundraising activities, such as benefit events and membership drives.

- Describe the methods your organization will use for the data collection (e.g. attendance figures, audience descriptors, etc.)

- Describe the methods by which your organization will assess its programs. Give specific examples. Include your criteria for measuring success and who will be involved in the assessment of your programs.

2. Networking and Collaborations (25%)

- Describe how the organization will be involved in, or cooperate with, local arts and non-arts organizations.

- Describe your programs or services that promote lifelong learning, and their benefit to schools and educators.

- Describe how the organization will involve, or cooperate with, artists, particularly local or Kentucky artists.

3. Diversity (25%)

- Describe what efforts your organization will make to build diversity in the organization's leadership and program participants. (Diversity, as understood by the Arts Council, should promote understanding among the state's various communities including: persons of minority ethnic and racial groups; persons with disabilities; geographically or economically isolated communities; disadvantaged and at-risk persons; the elderly; institutionalized persons; women; and the gay, lesbian and transgender community.)

- Describe how the organization will offer diverse arts and culture programming.

- Give specific examples of any of your programs or services that will take your artistic product to new or broader audiences (e.g., touring, partnerships, special programming, residencies, etc.). Indicate what groups you plan to reach with these programs.

- Describe your programming plans for inclusion of, and outreach to, underserved populations and persons with disabilities.

4. Value/Role of the Arts (25%)

- Describe your understanding of the community's need for the arts, and how your organization will respond to that need.

- Give clear evidence of how the organization's programs and partnerships will provide public value; meaning positive impact on the community, such as cultural enhancement, community identity, economic development, etc.

- Describe how you plan to distribute information about your programs, including your marketing or audience development strategy/strategies.

- Describe the organization's arts and arts education advocacy strategies. Explain how your organization will be involved in the public life of your community, and how you plan to involve your public officials in the activities of your organization.

Application Checklist

Include this application checklist as the first page of your application package

Your application is not complete and will not be forwarded to the panel for review if it does not contain the following mandatory information:

One signed original:

☐ Community Arts Development Program Application and Narrative

Two copies of the following **<u>clearly separated</u>** from your application and narrative and placed in the following order.

☐ Resume summaries or biographies of key leaders of organization

☐ List of the organization's board members (if board has been elected)

☐ Current year's operating budget (if different from application budget)

☐ Most recent financial statements <u>if applicable</u> (income statement and balance sheet)

☐ Articles of Incorporation Cover Page

☐ Internal Revenue Service (IRS) Tax Determination Letter

☐ Name and contact information of the board member who will be the advocacy contact for the organization's board.

◗ **If you would like acknowledgement of receipt of your application and the return of any supporting materials please enclose the following:**

☐ Self-addressed, **<u>AND</u>** stamped mailer for supporting materials

☐ Self-addressed, **<u>AND</u>** stamped #10 envelope

Application Signature

I certify that I am legally authorized to submit this application on behalf of the applicant organization and that the foregoing statements and enclosures are true and complete to the best of my knowledge.

Applicant Signature _____ Date _____
All signatures must be in *RED* ink.
Applicant (Type Name)_____ Title _____

Mailing Address for Completed Application

Kentucky Arts Council
Old Capitol Annex
300 West Broadway
Frankfort, KY 40601-1980